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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name	~ /
Bob Moss A	ssociates
2. Address Check if different than previously reported	
1133 Connecticut	tue Cifth Floor
3. Principal Place of Business (if different from line 2)	
City: Washington State/Z	p (or Country) DC 20036
4. Contact Name Telephone	E-mail (optional) 5. Senate ID
BOB MOSS 202/429-68	74 banossa banada com
7 Client Name Solf	6. House ID #
General Dyn	amics Corp
TYPE OF REPORT 8. Year 2004 Midyear	(January 1-June 30) OR Year End (July 1-I
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9. Check if this filing amends a previously filed version of this	report U
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	Date11. No Lobby
10. Check if this is a Termination Report □ ⇒ Termination	Date11. No Lobby
10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either	Date11. No Lobby Line 12 OR Line 13
10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was:	Date11. No Lobby Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this
10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □	Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this period were: Less than \$10,000
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Printed Name and Title	ROP	220V1	-Trincipal

LD-2 (REV. 6/98)

	Registrant Name LOBBYING ACTIVITY. Select as many codes as necessar	•
	engaged in lobbying on behalf of the client during the reporting information as requested. Attach additional page(s) as needed.	
	15. General issue area code Def (one per page)	
	16. Specific lobbying issues	O combot and
-	Funding In 1	us comos
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	17. House(s) of Congress and Federal agencies contacted.	-1
ė	Senak	
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	18. Name of each individual who acted as a lobbyist in this	issue area
	•	
	Name	Covered Official Position (if applicable)
	Name BD Mon	Covered Official Position (if applicable)
	Name SD Mon	Covered Official Position (if applicable)
	Name Solution Name	Covered Official Position (if applicable)
	Name Control Name	Covered Official Position (if applicable)
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Form LD-2 (Rev.6/98)